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**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER**  
**TO THE BOARD OF APPEALS**

Applicant(s): Matthew Zavracky, Jeffrey Jacobsen, Frederick P. Herrmann, W. Hiap L. Ong, John C.C. Fan, Bor-Yeu Tsaur and Alan Richard

o Chem,  
**RECEIVED**

Serial No.: 09/066,061 Group Art Unit: 2673

JUL 06 2001

Filed: April 24, 1998 Examiner: Nguyen, J.

Technology Center 2600

For: PORTABLE DISPLAY SYSTEM WITH CARD READER

<b>CERTIFICATE OF MAILING</b>	
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231</p>	
on <u>06-29-01</u>	<u>Donna Bartolone</u> Signature
<b>DONNA BARTOLONE</b>	
Typed or printed name of person signing certificate	

Assistant Commissioner for Patents  
Box AF  
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated January 12, 2001 of the Primary Examiner finally rejecting claims 14, 16, 17 and 25-31. The item(s) checked below are appropriate:

1.  Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated January 12, 2001 for three months from April 12, 2001 to July 12, 2001.
2.  A [ ] month extension of time to respond to the Office Action Made Final dated [ ] was filed on [ ] with payment of a \$[ ] fee.  
[ ] Applicant hereby petitions for an additional [ ] month extension of time to respond to the Office Action Made Final.
3.  An Oral Hearing before the Board of Appeals is respectfully requested.

07/05/2001 SDENB0B1 00000082 09066061

02 FC:117

890.00 0P

5/2001 STENBOB1 00000082 09066061

11 EC-119

310.00 0P

## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months	\$ <u>890</u>
<input type="checkbox"/>	Additional Extension of Time:	
	Fee for Extension ([ ] mo.)	\$ _____
	Less fee paid ([ ] mo.)	- \$ _____
	Balance of fee due	\$ <u>0</u>
<input type="checkbox"/>	Oral Hearing	\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal	\$ <u>310</u>
<input type="checkbox"/>	Other _____	\$ _____
		TOTAL \$ <u>1200</u>

## 5. The method of payment for the total fees is as follows:

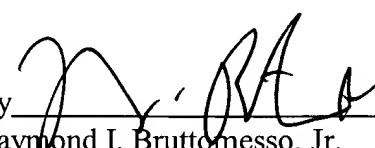
A check in the amount of \$1200.00 is enclosed.

Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By   
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Date: 29 June 2001